

BOBBY S. JANE E

PLAINTIFF/PETITIONER/MOVANT'S NAME

J25333

PRISON NUMBER

Calipatria State Prison

PLACE OF CONFINEMENT

Po Box 5004 Calipatria CA 92233

ADDRESS

FILED

2008 MAR -5 PM 3:34

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTY

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United States District Court
Southern District Of California

'08 CV 0420 JLS POR

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

BOBBY SHAWN JANE E

Plaintiff/Petitioner/Movant

v.

L.E. Scribner, Warden

Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, BOBBY SHAWN JANE E

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration Calipatria State Prison

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Information not available

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? Yes No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

- a. Make: Dodge Year: 1969 Model: PICK-UP
- b. Is it financed? Yes No
- c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. myself

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

March 3, 2008

DATE

Bobby S. Janet

SIGNATURE OF APPLICANT

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIPATRIA STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 14, 2008

ACCOUNT NUMBER : J25333
 ACCOUNT NAME : JANOE, BOBBY SHAWN
 PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	08/01/2007		BEGINNING BALANCE					521.52
	08/23 W516	LEGAL COPY CH	08-21/1133			0 .20		521.32

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/14/2007	H200	GENERAL HOLD	BADCK	6875
01/23/2008	H118	LEGAL COPIES HOLD	1-22	4167
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23	4232
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23	4232
01/25/2008	H109	LEGAL POSTAGE HOLD	01/23	4232
01/29/2008	H118	LEGAL COPIES HOLD	1/25	4296
02/08/2008	H114	COPAY FEE, MED.	02/08	4512

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	CURRENT WITHDRAWALS	HOLDS	TRANSACTIONS TO BE POSTED
521.52	0.00	0.20	521.32	531.95 0.00

THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY *[Signature]*



CURRENT
 AVAILABLE
 BALANCE

10.63

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

FEDERAL PRISON CERTIFICATE
 (Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant JANOE, BOBBY
 (NAME OF INMATE)

J 25 333

(INMATE'S CDC NUMBER)

has the sum of \$ 10,63 on account to his/her credit at
CAUPATRIA STATE PRISON
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during
 the past six months the applicant's average monthly balance was \$ 86.91

and the average monthly deposits to the applicant's account was \$ 0

2/14/08

DATE

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

D. Zanudio II

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK